



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8944

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.  |
|--|---|---|-----------------------------------|---|
| 10/748,589   | 12/30/2003  | 705   | 3626                              | EIS-5909H (1417G P 984)   |
| <b>RULE</b>  |   |   |                                   |   |
| <b>APPLICANTS</b><br>Thomas L.C. Simpson, Burlington, WI;<br>Laura M. Letellier, Buffalo Grove, IL;<br>James P. Martucci, Libertyville, IL;<br>Gordon J. Wilkes, Newmarket, CANADA;  |   |   |                                   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/659,760 09/10/2003<br>and is a CIP of 10/424,553 04/28/2003<br>which is a CIP of 10/135,180 04/30/2002<br>This application 10/748,589 12/30/2003<br>claims benefit of 60/444,350 02/01/2003<br>and claims benefit of 60/488,273 07/18/2003<br>and claims benefit of 60/528,106 12/08/2003 |   |   |                                   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |   |                                   |   |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/11/2004   |   |   |                                   |   |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and<br>Acknowledged   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>/KRISTINE K<br>RAPILLO/<br>Examiner's Signature | <input type="checkbox"/> Met after<br>Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>WI | <b>SHEETS<br/>DRAWINGS</b><br>59  |
|  |   |   | <b>TOTAL<br/>CLAIMS</b><br>23     | <b>INDEPENDENT<br/>CLAIMS</b><br>3  |
| <b>ADDRESS</b><br>BAXTER HEALTHCARE CORPORATION<br>1 BAXTER PARKWAY<br>DF2-2E<br>DEERFIELD, IL 60015<br>UNITED STATES  |   |   |                                   |   |
| <b>TITLE</b><br>Medical data communication notification and messaging system and method  |   |   |                                   |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1304   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |   |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |